

**Testimony before the Subcommittee on Health of
The Committee on Energy and Commerce
Nathan Deal, Chairman
United States House of Representatives
March 1, 2006**

Good afternoon, Chairman Deal and members of the Committee, my name is Marcus Hickerson from Waxahachie, Texas, which is in Chairman Barton's District, and I am pleased to have the opportunity to testify before you today regarding the Medicare Part - D prescription drug benefit.

Today, I want to share with you the experience that my wife and I had choosing our prescription drug plan under the new Medicare Part-D program. First, I have been retired for 17 years from the petroleum refining industry and my wife and I have been Medicare Part-A and Part-B beneficiaries for 14 years. Let me also add that both my wife and I currently take four medications each. We spend approximately \$5,000 (list price) a year on these medications.

After receiving initial information from different drug plans in the fall of 2005, I began comparing Medicare-approved private companies that offered by new Medicare Part-D plans in my area.

My efforts were focused on internet research of premiums, co-payments, coverage gaps and available drugs covered by plans such as AARP, Medco, Wellcare, United American, Prescription Solutions, Aetna and several others.

My wife and I currently fill our prescriptions at Walgreens. Because we fill all our prescriptions at Walgreens it was very easy for us to compile the list of our respective medications. It was very important to have this list of medications because that became a key ingredient to selecting the right Medicare part-D plan. Also, by looking on the Walgreens website I was able to compare the prices we paid for these medications, which made it very simple to see how much we would be saving with Medicare.

I found each company website a useful resource of information that allowed me to reasonably compare the formulary of each plan and find the best match for both our needs. Although I invested a considerable amount of time reviewing the requirements and benefits associated with each plan, I felt satisfied that I had access to all the information I needed to make an informed decision on the plans we selected.

It is important to note that we did not select a plan that did not cover the annual \$250 deductible. In the end, my wife and I selected two different companies that would best fit our individual medication needs. I estimate that we will receive a joint annual savings of approximately \$2400 off list price.

Finally, there are two important points that I want to share with the Committee and with other program eligible seniors. First, I feel that the key to this new initiative is choice - as you can see from my experience the options available allowed my wife and I to select a specific plan that best fit each of our unique medication needs. One size does not fit all and in our case that was certainly true.

Secondly, by comparing the specifics of what each plan offered I was literally able to shop on-line and select the plan that best met our requirements. Before seniors pick a plan I encourage them to take advantage of the information and resources available and shop around for a plan that best fits their healthcare needs. Just like shopping for the best rate on homeowners insurance or on a mortgage, the process of selecting a plan is not unlike any purchase we have made throughout our lives.

Thank you Mr. Chairman. I am pleased to respond to any questions that you and the other Committee Members may have.